



Bib Data Sheet



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APPLICANTS

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**** CONTINUING DATA *******THIS APPLN CLAIMS BENEFIT OF 60/120,823 02/19/1999 *V Euy***** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	<i>Euy</i>			
Verified and Acknowledged <i>Euy</i> Examiner's Signature	Initials <i>Euy</i>			

ADDRESS

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TITLE

Secure network system and method for transfer of medical information

FILING FEE RECEIVED 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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